

Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-13 FORM

REFUSAL TO RECALL QUESTIONNAIRE
Questionnaire on the incident you are complaining about.

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a **different class** that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

3. What date did your lay off begin?

Explain the reasons given to you by your supervisor or other official for the lay off.

Who told you this?

Name _____ Title _____

Explain exactly what was said to you about your lay off and possible recall.

Who told you this?

Name _____ Title _____

Please submit a copy of any written lay-off/recall notice/s you have received.

4. What was your job title/department and seniority date at the time of your lay off?

Job Title/Department _____

Seniority Date _____

Does your employer have "written recall policy?"

Yes _____ No _____

If yes, please provide a copy of this policy.

5. What is your employer's usual practice in recalling employees from lay off? For instance, is the decision usually based on seniority, past performance, special skills or on a combination of such factors?

6. Do you have recall rights?

Yes _____ No _____

Please explain. _____

Has anyone been hired or recalled since your lay off?

Yes _____ No _____

If yes, who?

Name _____ CLASS _____

Job Title/Dept. _____ Date of Hire/Recall _____

Name _____ CLASS _____

Job Title/Dept. _____ Date of Hire/Recall _____

Name _____ CLASS _____

Job Title/Dept. _____ Date of Hire/Recall _____

6a. Is anyone, who has been recalled, doing the job you usually perform?

Yes _____ No _____

If yes, why do you believe you should have been recalled instead?

7. Did any of the employees named in question 6. have less seniority than you?

Yes _____ No _____

If yes, please list and explain.

Name _____ Seniority _____

Name _____ Seniority _____

Name _____ Seniority _____

Use the Continuation Page if needed.

8. Did you contact your employer about not being recalled?

Yes _____ No _____

If yes, who did you contact?

Name _____

Job Title _____ Date of Contact? _____

9. What reasons, if any, were you given for not being recalled?

10. Was the employer's refusal to recall you an exception to your employer's normal system?

Yes _____ No _____

If yes, please explain _____

11. Are you or have you received unemployment compensation?

Yes _____ No _____

Date Started _____

What is the number of weeks you have received this unemployment compensation? _____

Amount received per week __ () _____

Have you worked for any other employers since your lay off?

Yes _____ No _____

If yes, please explain.

Employer _____

Job Classification/Title/Dept. _____

Length of Time on This Job _____

Date Started _____ Weekly Wages _____

12. Are you a union member?

Yes _____ No _____

If yes, what is the name of your union?

Address _____

Telephone Number __ () _____ Business Agent _____

13. Does your union contract spell out your recall rights?

Yes _____ No _____

Please attach a copy of any pertinent clause, if you are able to do so.

14. What is the union's position regarding your not being recalled?

15. Did you file a grievance regarding the above problem?

Yes _____ No _____

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

15a. Does your reinstatement depend upon a joint union/management committee?

Yes _____ No _____

If yes, please provide the name given to such a committee.

16. Are you a civil service employee?

Yes _____ No _____

17. Did you file a civil service complaint regarding the above problem?

Yes _____ No _____

18. What is/was the status of your civil service complaint, if applicable?

19. Have you filed a complaint about this matter with any other commission or agency?

Yes _____ No _____

If so, please specify the commission or agency and date you filed, to the best of your recollection.

Commission or Agency _____

Date Complaint Filed _____

Docket Number, If Known _____

20. Have you taken any court action regarding this matter?

Yes _____ No _____

If so, please specify in what court and the date you filed, to the best of your collection.

Name of Court _____

Date Action Filed _____

City _____ County _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature

Date

Address

City, State and Zip Code

()

Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

[illegible]